APPLICATION DATA SHEET

Application Information

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Application Number::	Divisional of Appln. No. 10/107,806
Filing Date::	June 26, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	1625
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?:: Number of Copies of CFR::	
Title::	A COMPOUND AS CHOLINESTERASE INHIBITOR
	AND ITS ISOLATION FROM FUNGUS
	SPOROTRICHUM SPECIES
Attorney Docket Number::	39562-189637
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	no
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship:: India
Country:: India

- maia

Status:: Full Capacity

Given Name:: Thimmapa

Middle Name:: SHIVANANDAPPA

Family Name:: SHIVANANDAPPA
Name Suffix::

City of Residence::
State or Province of Residence::

Country of Residence::

Street of Mailing Address:: Mysore 570 013

City of Mailing Address:: Karnataka

State or Province of Mailing

Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: India

Country:: INDIA

Status:: Full Capacity

Given Name:: Avinash

Middle Name:: Prahalad

Family Name:: SATTUR

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address:: Mysore 570 013

Applicant Information

Applicant Authority Type:: Inventor **Primary Citizenship::** India Country:: India Status:: **Full Capacity** Given Name:: Nayalana Middle Name:: Katte Ganesh Family Name:: **KARANTH** Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence:: Street of Mailing Address::** Mysore 570 013 City of Mailing Address:: Karnataka State or Province of Mailing Address:: **Country of Mailing Address:: INDIA** Postal or Zip Code of Mailing Address:: Inventor **Applicant Authority Type:: Primary Citizenship::** Country:: **Full Capacity** Status:: Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence::**

Street of Mailing Address::

City of Mailing Address:: Karnataka State or Province of Mailing Address:: Country of Mailing Address:: India Postal or Zip Code of Mailing Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** India Country:: India Status:: **Full Capacity** Given Name:: Shereen Middle Name:: Family Name:: Shereen Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence:: Street of Mailing Address::** Mysore 570 013 **City of Mailing Address::** Karnataka State or Province of Mailing Address:: India **Country of Mailing Address::** Postal or Zip Code of Mailing Address:: **Applicant Authority Type::** Inventor

Primary Citizenship:: India Country:: India Status:: **Full Capacity** Given Name::

Soundar

Middle Nam ::

Family Name:: Divakar

Name Suffix::				
City of Residence::				
State or Province of	Residence::			
Country of Residence	e::			
Street of Mailing Add	lress:: Mys	Mysore 570 013		
City of Mailing Addre	ss:: Kar	s:: Karnataka		
State or Province of Address::	Mailing			
Country of Mailing Address::		а		
Postal or Zip Code of Address::	f Mailing			
Correspondence I	nformation			
Correspondence Cus Number::	stomer 266	94		
Phone Number::				
Fax Number::				
E-Mail Address::				
Representative Inf	formation			
Representative Custo Number::	omer 266	94		
Domestic Priority	Information			
Application::	Continuity Type:	: Parent Application::	Parent Filing Date::	
	Division of	10/107,806	March 28, 2002	
	Continuation of			
	Continuation of			
	Continuation of			

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Council of Scientific and Industrial Research

Street of Mailing Address:: Rafi Marg

City of Mailing Address:: New Delhi 110 001

State or Province of Mailing

Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing

Address::